Name

Mailing address



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

> Office: ☑ House

District

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

☐ Senate



MAINE ETHICS COMMISSION 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

2)RISCOLL

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

111 MONKEE AVENUE	•		126
City, zip code	ASTERNACY ASTERNATION PROPERTY ASTERNATION	nannannan pumpungang Apistologi (1955) (1965) (1965) (1966	Phone
WESTBROOK 04092			207-856-7014
PART 1 INC	OME DEDIVE	D FROM EMPLOYMENT BY ANO	TUED THE STATE OF
	resumetable supplemental		
List the name and address of each employer economic activity of each employer.	r from whom yo	ou received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer		Address	Principal Type of Economic Activity of Employer
Mercy Hospital	Post	Hard, Maine	Healthcore
State of Mame	Augr	usta, Maine	Legislature
en de la companya del companya de la companya del companya de la companya del la companya de la	· 「「「「「「「」」」(「「」」)(「「」」)(「」」)(「」」)(「」」)(「	APPENDER PLANT TO THE THE AMERICAN STATE AND ARTHUR AND ARTHUR AREA TO PROJECT AND ARTHUR AREA TO ARTHUR AREA TO ARTHUR AREA TO AREA AREA TO AREA TO AREA AREA TO AREA AREA AREA TO AREA AREA AREA AREA AREA AREA AREA ARE	Company of the Compan
		RIVED FROM SELF-EMPLOYMEN rs who are self-employed.)	
A. List the name and address of your busine associated with a partnership, firm, profession entity.	ess, if any, and I nal association,	ist the major areas of economic activity, or similar business entity, list the maj	y from which you derived income. If or areas of economic activity of that
Name and Address of Business Er		Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:			
Address:			
Name:	The second of th	The second secon	
Address:		* TO TO THE COLUMN AS A SAME	
No. 11			

(For Legislators, who are self-e	mployed.)	
B. List each source of income derived from self-employment that represents n greater, and specify the principal type of economic activity of the entity or polydisclosure is prohibited by law, rule, or an established code of professional eth entity or person from whom the income was derived.	erson from whom you de	rived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	V XXVIII de Aprilia	
Address:		
Name:		
Address:		
PART 3. MAJOR AREAS OF (For Legislators who are attorneys		
List your major areas of practice. If associated with a law firm, list the major are		1.
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)
Name:	PONTECHERO	
Address:	The state of the s	arconnection for the second se
Name:	andifuncial and an anti-unit (1904) and (190	asiariika,ili, aanaalaan jigiga ah jaan ahaan ahaan karakhaa yoo kaaraan kiindoo karakynaa aan aalaayaria aaraa hi jaan aara siidd
Address:	**************************************	r promotevene
		¥
PART 4. OTHER SOURCES	OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	form. Do not include gift	is. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name:	Annual Control of the	
Address:		
Name:	SEE THE COMMENTS OF THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S	
Address:	aurkitelaannes	
PART 5. REPORTABLE LI	ABILITIES	ner i de la companya
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that y areas of economic activity of each creditor. Do not list credit card liability or loa		
None		
Name and Address of Creditor	na pinasi panjangi pek ngapana kelama in kenalajan pengangan penjanjang kenalangan penjanjang kenalangan penjan	Principal Type of Economic Activity of Creditor
Name:	diamentaliyo	
Address:	ssir(needdass	
Name:		AND THE STATE OF T
Address:		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

Name of Source of Gift 1.		ээдэгтэн жайган	
	**************************************		dan kalanda iyalah masalarili ili
••	3.	Name of Source of Gift	
2.	deservation of the contraction o		Zahaliban hashliban zalzadaw
PART 7.	REPORTABLE HONOR	ARIA	
List the source of any honoraria accepted for appearances	or speeches related to you	r legislative responsibilities. If none, check the	e box.
None	distributa kandarum memus sebuah sesiam summerukan memusuk sebuah kemerukan menusuk sebuah kemeruk sebuah sebu	untres uns sens en	ut has, t pasagas galamara.
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PART 8 REPRESE	NTATION BEFORE STA	ATE AGENCIES	
List each executive branch agency before which you repre			neck the
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None Name of Agency	tek kalantika hijangan ngangan prompur tahun tindun tindungan pang kapulannap bahan pamang bahalifi jang memba	Name of Agency	hand place of the latest and the Colonia
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PART 9. BUS	SINESS WITH STATE A	GENCIES .	
List each executive branch agency to which you or a mer \$1,000 during the reporting period. If none, check the box.	mber of your immediate far	mily sold goods or services with a value in ex	cess of
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2.	4.		and a commission of Particular Special States
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PART 10. INCOME RECEI			15 1 9 18
List the type of economic activity representing each source	aind of income represented.	nore received by your spouse or domestic pa If your spouse or domestic partner received	
dependent child(ren) during the reporting period and the k or more of income, their name and job title are listed. Do n	ett attaval atva anem umun nova usuma un unun navanna un un varan et en en en en empana autum et euro et europ	etabertetekkingtingtingtingtingtingtingtingtingtingt	\$1,000
dependent child(ren) during the reporting period and the k or more of income, their name and job title are listed. Do n Name of Spouse or Domestic Partner and Job Title	Type of Economic Acti Representing Source Income Received	of Relationship Kind of Income	\$1,000
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or more of income, their name and job title are listed. Do n Name of Spouse or Domestic Partner and Job Title Name: Tink Difficult	Representing Source Income Received 1. Healthcore 2. 3.	of Relationship Kind of Income 1. Slary Employme. Domestic 2. Partner 3.	\$1,000

PART 6. REPORTABLE GIFTS

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any office, trusted	t or nonprofit corporation, firm, eship, directorship, or position ed. If a family member listed, ir	of any nature. Ind	icate whether you	or a family held the i	position and whether	fiate family he the position
None		and the second s	***************************************	,		
	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
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